

**Deposition Of:  
Mandy Forsmann**

January 23, 2018

Russell Pitkin and Mary Pitkin  
VS.  
Corizon Health, Inc.; et al.

Case No.: 3:16-cv-02235-AA



Mandy Forsmann

1 A. Yes.

2 Q. Was that specifically as a result of Miss  
3 Pitkin's death, to your understanding?

4 A. Yes.

5 Q. We know Miss Buchanan was disciplined,  
6 correct?

7 A. Yes.

8 Q. And, in fact, you are aware that Corizon  
9 reported Miss Buchanan to the nursing board?

10 A. Yes.

11 Q. Were you part of that?

12 A. Yes.

13 Q. What was your involvement with that?

14 A. I was told by Corizon because I held a  
15 license in Oregon, I had to be the reporter of the  
16 incident.

17 Q. Okay. So you were the reporter?

18 A. Yes.

19 Q. Did Corizon tell you what to say?

20 A. Yes.

21 Q. And who at Corizon told you what to say to  
22 the nursing board?

23 A. Debbie Fye.

24 Q. Did Miss Fye ever accept any responsibility  
25 for what happened at Washington County during Miss

Mandy Forsmann

1 Pitkin's death?

2 MS. TALCOTT: Object to the form.

3 Q. Go ahead.

4 A. I don't remember.

5 Q. All right. First of all, so we got Miss  
6 Buchanan. Was Miss Johnson disciplined?

7 A. Yes.

8 Q. And did you report her to the nursing board  
9 as well?

10 A. Yes.

11 Q. And that was at the direction of Debbie Fye,  
12 correct?

13 MS. TALCOTT: Object to the form.

14 A. Yes.

15 Q. And why did they tell you they wanted you to  
16 report those two nurses to the nursing board?

17 MS. TALCOTT: Object to the form. Are you  
18 asking why Debbie Fye told her?

19 Q. Debbie Fye, anyone at Corizon.

20 A. I don't remember.

21 Q. Did you agree that they should be reported to  
22 the nursing board?

23 A. No.

24 Q. Why did you think they shouldn't be reported  
25 to the nursing board?

Mandy Forsmann

1        Q. Have you ever seen a policy, procedure or  
2        protocol requiring Corizon employees to perform vital  
3        checks every two hours with severe cases of  
4        withdrawal?

5                MS. TALCOTT: Object to the form.

6                A. No.

7        Q. Have you ever seen a policy, procedure or  
8        protocol requiring Corizon employees, when there is a  
9        concern for dehydration, to perform vital checks every  
10       four hours?

11               MS. TALCOTT: Object to the form.

12               A. No.

13       Q. Have you seen any policies, procedures or  
14       protocols at Corizon or Corizon entities regarding how  
15       frequently to perform vital checks with patients going  
16       through protocol?

17               MS. TALCOTT: Object to the form.

18               A. Yes.

19       Q. And how frequently by protocol, to your  
20       knowledge, are Corizon employees required to check  
21       vitals on patients going through withdrawal?

22               MS. TALCOTT: Object to the form.

23               A. Every eight hours.

24       Q. And that's regardless of the severity,  
25       correct?



Mandy Forsmann

1 that call or was it physical findings?

2 MS. TALCOTT: Object to the form.

3 A. It was both.

4 Q. What physical findings necessitated  
5 contacting the provider?

6 MS. TALCOTT: Object to the form.

7 A. Persistent nausea, vomiting, not being able  
8 to keep fluids down, a blood pressure that wasn't  
9 within normal limits, skin turgor, goose flesh,  
10 diarrhea.

11 Q. All of those symptoms -- well, while you were  
12 director of nursing at Corizon, you trained all staff  
13 members to contact the provider when they were dealing  
14 with a patient with those symptoms, correct?

15 A. Yes.

16 Q. And it was the provider's decision as to  
17 whether to send them to the ER?

18 MS. TALCOTT: Object to the form.

19 A. Yes.

20 Q. Were you aware of -- well, back again to my  
21 question. Specifically as it relates to patients with  
22 opioid withdrawals, are you aware of any cases in  
23 which Corizon sent a patient to the emergency room?

24 MS. TALCOTT: Object to the form.

25 A. I don't remember.

Mandy Forsmann

1        Q. Did Corizon have the ability to provide I.V.  
2 fluids at the Washington County Jail?

3        A. Yes.

4        Q. Is that something you would have expected any  
5 nurses you trained to know?

6            MS. TALCOTT: Object to the form.

7        A. Yes.

8        Q. Had you, yourself, ever specifically trained  
9 nurses that Washington County Jail had the ability to  
10 provide I.V. fluids?

11       A. Yes.

12       Q. And under what circumstances did you train  
13 nurses to provide I.V. fluids?

14       A. At the order of a prescriber.

15       Q. And once again, is that something you trained  
16 staff to confer with the providers?

17       A. Yes.

18       Q. And would you -- did you train staff to  
19 consult with providers when they were concerned that a  
20 patient may have dehydration?

21       A. Yes.

22       Q. Did you train Nurse Buchanan?

23       A. No.

24       Q. Was she there before you became the director  
25 of nursing?

Mandy Forsmann

1 A. Leslie O'Neil.

2 Q. Did you train Leslie O'Neil regarding her  
3 responsibilities as the director of nursing?

4 A. Yes.

5 Q. And did you provide any specific training to  
6 Miss O'Neil regarding the protocols for withdrawal?

7 A. Yes.

8 Q. Does Corizon have a specific policy for  
9 dehydration?

10 MS. TALCOTT: Object to the form.

11 A. I don't know.

12 Q. If they do, you've never seen one?

13 MS. TALCOTT: Object to the form.

14 A. No.

15 Q. Is that correct?

16 MS. TALCOTT: Object to the form.

17 A. Yes, correct.

18 Q. I apologize if I bounce around. It's my  
19 wandering mind at work.

20 MR. HOOD: If it gets too far afield, maybe  
21 we can help.

22 MR. COLETTI: I'm sure.

23 MS. TALCOTT: It's a big challenge.

24 Q. (Continuing by Mr. Coletti): Let's talk  
25 generally. You left in December, sorry, September

Mandy Forsmann

1 2014?

2 A. Yes.

3 Q. Were you involved in the hiring of  
4 Dr. McCarthy?

5 A. No, I was not.

6 Q. When was Dr. McCarthy first brought on, to  
7 your recollection?

8 A. I honestly do not remember.

9 Q. What did you think of Dr. McCarthy?

10 MS. TALCOTT: Object to the form.

11 A. Can I talk to Drake? Can we take a time-out?

12 MR. HOOD: Actually, I was just going to ask  
13 you, can you put a time frame on it, John?

14 Q. At anytime.

15 A. It was -- there was the impression that he  
16 might have been documenting on patients that he didn't  
17 actually see.

18 Q. And did that cause you concern?

19 A. Yes.

20 Q. And when do you remember that first becoming  
21 a concern for you?

22 A. When I was the director of nursing.

23 Q. And do you remember how long Dr. McCarthy  
24 actually worked for Corizon?

25 A. I do not.

Mandy Forsmann

1        Q. And do you remember when you began to have  
2        these concerns as the director of nursing?

3        A. Are you asking for dates?

4        Q. Just generally.

5        A. I don't remember.

6        Q. You seem like the type of person that would  
7        have reported your concerns.

8                MS. TALCOTT: Object to the form.

9        A. Yes.

10       Q. And you did report them, correct?

11       A. Yes.

12       Q. Who did you report them to?

13       A. The health service administrator at the time.

14       Q. And who was that health service  
15       administrator?

16       A. Vicki Thomas.

17       Q. What, if anything, to your knowledge, did  
18       Vicki Thomas do in response to your concerns that  
19       Dr. McCarthy might be documenting visits that didn't  
20       occur with patients?

21       A. That there were conversations with Corizon  
22       leadership.

23       Q. And did Miss Thomas tell you that happened?

24       A. Yes.

25       Q. Did she tell you with whom she spoke?

Mandy Forsmann

1       A. I don't remember.

2       Q. What did she tell you?

3       A. That she had expressed concerns of, you know,  
4 what we were concerned with, that he was documenting  
5 on people that he didn't see, and -- that's all I  
6 remember.

7       Q. And when you say documenting on people,  
8 patients he didn't see, so he was creating charts  
9 without actually performing any examination?

10           MS. TALCOTT: Object to the form.

11       A. Yes.

12       Q. And what were your safety concerns about  
13 that?

14           MS. TALCOTT: Object to the form.

15       A. That there were patients that were ill that  
16 were not getting care that they needed.

17       Q. And you recognized how dangerous that was,  
18 correct?

19           MS. TALCOTT: Object to the form.

20       A. Yes.

21       Q. And you reported it to Miss Thomas; she said  
22 she reported it to Corizon management, correct?

23       A. Yes.

24       Q. And what, if anything, occurred, to your  
25 knowledge, in response to your concerns?

Mandy Forsmann

1       A.     I don't know.

2       Q.     Do you know if anything happened?

3       A.     I don't know.

4       MS. TALCOTT: Object to the form.

5       Q.     To your knowledge, did anything change with  
6       Dr. McCarthy?

7       A.     No.

8       Q.     Did you continue to have those concerns as an  
9       HSA?

10      A.     Yes, I did.

11      Q.     Did you, yourself, report those concerns to  
12      management?

13      A.     Yes, I did.

14      Q.     And who did you report those concerns to?

15      A.     Debbie Fye and Dr. Garlick.

16      Q.     And what, if anything, did they do in  
17      response to that?

18      A.     It was decided that he would be terminated.

19      Q.     And did they explain to you why they were  
20      going to terminate him?

21      A.     Not that I remember.

22      Q.     Did anyone ever tell you that they were going  
23      to terminate him because of your concerns about him  
24      creating charts that didn't exist?

25      MS. TALCOTT: Object to the form.

Mandy Forsmann

1 and they had not been.

2 Q. All right. Did you ever see Dr. McCarthy  
3 send a patient to the emergency room for withdrawals?

4 A. I don't remember.

5 Q. Did you ever see Dr. McCarthy order an I.V.  
6 bolus at Washington County Jail for patients with  
7 dehydration?

8 A. No.

9 Q. Did you ever see anyone order an I.V. bolus  
10 for a patient in Washington County Jail with concerns  
11 for dehydration?

12 A. Yes.

13 Q. And where was the I.V. administered?

14 A. Back -- you mean on the body or the location?

15 Q. Location, sorry.

16 A. Back in medical.

17 Q. And so the clinic?

18 A. Yes.

19 Q. And those I.V. boluses were administered  
20 before Dr. McCarthy's time, I take it?

21 A. I believe so.

22 Q. Did you see any administered after  
23 Dr. McCarthy was terminated?

24 A. No.

25 Q. Were there concerns other -- did you have



Mandy Forsmann

1 told you to contact Clackamas County or anyone else if  
2 the nursing staff had medical questions, correct?

3 MS. TALCOTT: Object to the form.

4 A. I don't remember.

5 Q. And there was no documentation, to your  
6 knowledge, as to who nursing staff should contact with  
7 Dr. McCarthy being fired should they have any concerns  
8 about patients, correct?

9 MS. TALCOTT: Object to the form.

10 A. I don't remember.

11 Q. And Dr. McCarthy never said anything to  
12 either of you about the fact he had a patient that he  
13 had just put into the Medical Observation Unit because  
14 he was concerned about her, correct?

15 MS. TALCOTT: Object to the form.

16 A. I don't remember.

17 Q. And is it accurate to state you never met  
18 Madaline Pitkin?

19 A. Yes.

20 Q. Is it accurate to state nobody ever told you  
21 about Madaline Pitkin prior to her death?

22 A. Yes.

23 Q. As the HSA, did anyone tell you that on April  
24 23rd, that they were able to come up with a valid  
25 blood pressure for Madaline Pitkin?

Mandy Forsmann

1 patient with a blood pressure of 40 over UA, what does  
2 that mean?

3 MS. TALCOTT: Object to the form.

4 A. I'm not sure.

5 Q. Had you ever heard of such a term?

6 MS. TALCOTT: Object to the form.

7 A. No.

8 Q. If you had a patient with a history of  
9 vomiting, nausea, and diarrhea with a blood pressure  
10 that you were unable to obtain, were you trained as a  
11 nurse and as a director of nursing that that is a  
12 potential medical emergency?

13 A. Yes.

14 Q. Is that a patient that needs to be taken to  
15 an emergency room?

16 MS. TALCOTT: Object to the form.

17 A. Yes.

18 Q. No doubt in your mind, correct?

19 MS. TALCOTT: Object to the form.

20 A. Correct.

21 Q. Did you ever read any of the medical request  
22 forms that Miss Pitkin filed?

23 A. Yes.

24 Q. And what was your reaction when you read  
25 them?

Mandy Forsmann

1       A.     I was shocked.

2       **Q.     And you were shocked because no treatment was**  
3 **provided to her, correct?**

4             MS. TALCOTT: Object to the form.

5       A.     I don't know.

6       **Q.     Why were you shocked?**

7       A.     I was shocked because of the language that  
8 she used and how she wrote her concerns on the kite,  
9 but I'm not sure if she was seen or not, I don't know.

10       **Q.     Well, you're aware that nurses have admitted**  
11 **-- actually, I think you completed the paperwork to**  
12 **the Department of Nursing wherein you stated that**  
13 **nobody responded to the medical request forms,**  
14 **correct?**

15             MS. TALCOTT: Object to the form. Misstates  
16 the evidence.

17       A.     I don't know.

18       **Q.     Do you remember writing documentation to the**  
19 **nursing board, criticizing Nurse Johnson for not**  
20 **responding to medical request form requests?**

21             MS. TALCOTT: Object to the form.

22       A.     I don't specifically remember that.

23       **Q.     Do you remember after learning -- first of**  
24 **all, when did you first become aware of Miss Pitkin's**  
25 **medical request forms?**

Mandy Forsmann

1 instructed to do so?

2 A. Yes.

3 MR. COLETTI: We will mark this as Exhibit  
4 87.

5 Q. Do you remember completing the paperwork  
6 regarding -- before we get into that, do you know who  
7 Matt Northrop is?

8 A. Yes.

9 Q. Who is Matt Northrop?

10 A. He was an RN that worked at Washington  
11 County.

12 Q. Did you ever speak with Mr. Northrop about  
13 his involvement with Madaline Pitkin?

14 A. I don't remember.

15 Q. Do you remember -- well, did Mr. Northrop  
16 ever complete any chart note as it related to Madaline  
17 Pitkin that you are aware of?

18 MS. TALCOTT: Object to the form.

19 A. Not that I remember.

20 Q. Do you remember seeing any documentation that  
21 Mr. Northrop was able to obtain any blood pressures  
22 from Madaline Pitkin?

23 A. I don't remember.

24 Q. So back to Exhibit 87. I will just read  
25 these to you and then show them to you. It appears

Mandy Forsmann

1 withdrawal were intended to prevent deaths caused by  
2 I.V. drug use?

3 MS. TALCOTT: Object to the form.

4 A. Yes.

5 Q. And that includes dehydration, correct?

6 MS. TALCOTT: Object to the form.

7 A. Correct.

8 Q. It includes malnutrition, correct?

9 MS. TALCOTT: Object to the form.

10 A. I don't know.

11 Q. Sure. Well, were you trained that vomiting,  
12 chronic vomiting and diarrhea causes dehydration?

13 A. Yes.

14 Q. Were you trained that dehydration can be  
15 fatal if not treated properly?

16 A. Yes.

17 Q. Were you trained that dehydration is a  
18 medical emergency?

19 MS. TALCOTT: Object to the form.

20 A. Yes.

21 Q. Then moving on to Miss Johnson, again,  
22 reference to the Board of Nursing materials, again,  
23 this is a Recommendation For Termination for Molly  
24 Johnson. It's Bates number CORIZON009408. It says,  
25 "Policies concerning documentation, response to MRF,

Mandy Forsmann

1 I'm going to show you what's been marked as Exhibit  
2 74, a Corizon document, at the top the title is  
3 "Dehydration" and another is "Nursing Judgment." Have  
4 you ever seen this document before?

5 MS. TALCOTT: Which exhibit is that?

6 MR. COLETTI: Seventy-four.

7 A. I don't remember this specific document, no.

8 Q. So you've never seen that before?

9 A. I don't remember it.

10 Q. All right. Why don't you just look through  
11 it and do you see -- look at the next page, first of  
12 all. Do you remember ever receiving that document?

13 A. I don't remember.

14 Q. All right. Is it accurate to state that  
15 while a Corizon employee, you do not recall a specific  
16 protocol relating to dehydration, correct?

17 MS. TALCOTT: Object to the form.

18 A. Specifically to dehydration?

19 Q. Yes.

20 A. No, I do not.

21 Q. And were you ever trained or did you train  
22 staff at Corizon to monitor the input and output with  
23 patients with dehydration?

24 A. Yes.

25 Q. And do you know if that was part of any

Mandy Forsmann

1 formal protocols or training?

2 A. I do not remember.

3 Q. And why would you train staff and employees  
4 to monitor input and output with patients undergoing  
5 or with dehydration?

6 MS. TALCOTT: Object to the form.

7 A. Are you asking what I would do specifically?

8 Q. Why were you trained to do so?

9 A. It was part of my nursing training.

10 Q. And what's your understanding as to why?

11 A. Because it's critical to know how much a  
12 patient is ingesting versus how much they're putting  
13 out.

14 Q. And at anytime in looking -- first, why is it  
15 critical to know that?

16 A. It can show that there's kidney failure,  
17 organ failure.

18 Q. And it can show that they're not actually  
19 consuming anything, correct?

20 A. Correct.

21 Q. Because if there's no output, then there's  
22 likely no input, correct?

23 MS. TALCOTT: Object to the form.

24 MR. HOOD: Object to the form.

25 A. I'm not an expert. I don't know.

Mandy Forsmann

1 MS. TALCOTT: Object to the form. Compound  
2 question. You asked her three different questions  
3 about three different types of training in one  
4 question.

5 MR. COLETTI: I think I'll figure it out by  
6 trial.

7 A. I don't recall this document.

8 Q. All right. You don't remember ever seeing  
9 that?

10 A. Uh-huh.

11 Q. I take it you have seen Corizon's General  
12 Health Services Policy and Procedure Manual?

13 A. Yes.

14 Q. And I take it you've seen the Nursing  
15 Encounter Tools 2013 at Corizon?

16 A. Yes.

17 Q. Do you know who created the staffing plan at  
18 the jail?

19 A. I do not.

20 Q. Do you know if that was in fact created by  
21 Corizon or Prison Health Systems?

22 MS. TALCOTT: Object to the form.

23 A. I don't know.

24 Q. Do you remember complaints about the lack of  
25 staffing at the Washington County Jail?



Mandy Forsmann

1                   MS. TALCOTT: Object to the form.

2                   A. Yes.

3                   Q. What do you remember about the complaints of  
4 the lack of staffing at Washington County Jail?

5                   A. I remember some nurses felt that the patient  
6 load was heavy.

7                   Q. And did those nurses include Leslie O'Neil?

8                   A. I don't remember.

9                   Q. Do you remember an email, and we will make  
10 this part of Exhibit 86, Bates number 006471, is an  
11 email dated Thursday, May 1st, 2014, from Leslie  
12 O'Neil to Miss Fye. I will not read the whole thing,  
13 but goes down to the bottom, "On another note: My RNs  
14 are overwhelmed right now and I only have one RN per  
15 shift. Are there any plans to re-negotiate our  
16 contract to add staffing hours? As a nurse, I really  
17 think we need two RNs and an LPN, at an absolute  
18 minimum, per shift. It has been a long while since  
19 our staffing matrix has been revised and our patient  
20 population has increased along with their acuity  
21 levels, etc., and patient safety is an obvious  
22 concern. On swing shift and night shift, having only  
23 two nurses scheduled seems concerning."

24                   Do you remember seeing that document?

25                   A. I don't remember.

Mandy Forsmann

1 Q. Do you remember nursing staff not being  
2 allowed access to the MOU to perform assessments on  
3 patients?

4 MS. TALCOTT: Object to the form.

5 MS. AZEVEDO: I'll join.

6 A. No.

7 Q. Did you discuss your concerns with Miss Fye  
8 or Miss O'Neil's concerns with Miss Fye?

9 MS. TALCOTT: Object to the form.

10 A. I expressed concerns to Miss Fye about my  
11 concerns, yes.

12 Q. What were your concerns?

13 A. That my nursing staff felt like they were  
14 understaffed and that the patient acuity was high.

15 Q. And that was prior to Miss Pitkin's death,  
16 correct?

17 A. Yes.

18 MS. TALCOTT: Object to form.

19 MS. AZEVEDO: I'll join.

20 Q. And what, if anything, did Corizon do in  
21 response to that?

22 A. I don't remember.

23 Q. Did Miss Fye share in your concerns?

24 MS. AZEVEDO: Object to form.

25 MS. TALCOTT: Join.

Mandy Forsmann

1 A. I don't remember.

2 Q. Do you remember her sending any  
3 correspondence to Washington County, stating that the  
4 staffing plan needed to change in order to protect  
5 patient safety?

6 MS. AZEVEDO: Object to the form.

7 MS. TALCOTT: Join.

8 A. I don't remember.

9 Q. Did you have concerns regarding patient  
10 safety due to the understaffing?

11 MS. TALCOTT: Object to the form.

12 A. Yes.

13 Q. And did you -- were you concerned at some  
14 point -- well, what were your concerns?

15 A. That the expectations of the care that we  
16 needed to provide we couldn't always provide with the  
17 staffing that we had.

18 Q. All right. And that was communicated by you  
19 to Miss Fye, correct?

20 A. Yes.

21 MS. TALCOTT: Object to the form.

22 Q. Prior to Miss Pitkin's death, correct?

23 A. Yes.

24 Q. There was a requirement, was there not, that  
25 registered nurses do the intake?

Mandy Forsmann

1 believed that there was a delay in having some of the  
2 intake exams done, correct?

3 MS. TALCOTT: Object to the form.

4 A. I don't know.

5 Q. Is that your understanding?

6 A. Can you ask me the question again.

7 Q. Sure. Well, it says of the -- they did some  
8 audits and, "Unfortunately, we have found that between  
9 April 25, 2014, and May 7, 2014, 156 out of 311 intake  
10 medical screens were over the two hour requirement.  
11 Of these, 58 screens were in excess of four hours and  
12 several were in excess of eight hours. We also found  
13 that during this time frame, a licensed practical  
14 nurse performed the initial intake 93 times in lieu of  
15 the required registered nurse."

16 MS. TALCOTT: Is there a question?

17 Q. Do you remember that? The question was  
18 before I read that.

19 A. I remember it being in that letter.

20 Q. Do you remember responding to the letter  
21 yourself about your concerns about having licensed  
22 practical nurses performing examinations on your most  
23 critically ill patients as opposed to a registered  
24 nurse?

25 MS. TALCOTT: Object to the form.

Mandy Forsmann

1           MR. HOOD: Object to the form.

2           A. I don't remember.

3           Q. This has been marked as Exhibit 82. Please  
4 go ahead and read that, if you would, out loud and  
5 tell me if that's an email you sent.

6           A. "Hello. Leslie and I spoke after your  
7 conversation yesterday. I just want you both to know  
8 that I totally understand where you're coming from and  
9 you're right, there has been holes recently in  
10 intake."

11           Do you want me to read the whole thing?

12           Q. Please do, and what's the date of this?

13           A. This is Thursday, May 8th, 2014.

14           Q. And who is the letter -- who is your email  
15 addressed to?

16           A. Mike Lenahan and Kim Phillips.

17           Q. Okay. And just go ahead and continue,  
18 please.

19           A. "Per the Nurse Practice Act, LPNs are able to  
20 gather data and do focused assessments, which is what  
21 intake is. I do realize that the contract specifies  
22 that there will be an RN out there, but we feel we  
23 need the most credentialed staff in the MOU taking  
24 care of our sickest patients. Would it be okay to  
25 have the LPN out there either for the shift or to

Mandy Forsmann

1 cover booking vacancies while the RN goes to the MOU?  
2 I understand your concerns and I am really trying to  
3 make this work for everyone. Have you heard any more  
4 about additional custody staff for the MOU?"

5 Q. All right. And so your concern was the  
6 contract required the RNs to be out doing intake while  
7 the LPNs were back dealing with the patients that were  
8 in the medical units, correct?

9 A. Correct.

10 MS. TALCOTT: Object to the form.

11 Q. And you had safety concerns about that, did  
12 you not?

13 MS. TALCOTT: Object to the form.

14 MS. AZEVEDO: I'll join.

15 A. Yes.

16 Q. Because you had your least credentialed  
17 nursing staff dealing with the sickest of the  
18 patients, correct?

19 MS. TALCOTT: Object to the form.

20 MS. AZEVEDO: I'll Join.

21 A. Yes.

22 Q. And you recognized that that was dangerous,  
23 did you not?

24 MS. TALCOTT: Object to the form.

25 MS. AZEVEDO: I'll Join.

Mandy Forsmann

1       A.     Yes.

2       Q.     Where you referenced the need for additional  
3       custodial staff, the requirement at Washington County  
4       Jail, before they allowed you into the cells to  
5       perform examinations, was that they have two deputies  
6       there, correct?

7       A.     Yes.

8       Q.     And at Corizon you recognized that you were  
9       unable to perform assessments because frequently there  
10      were not enough deputies to do so, correct?

11       MS. TALCOTT:   Object to the form.

12       MS. AZEVEDO:   Object to the form.

13      A.     Yes.

14      Q.     And there was push back and -- well, first of  
15      all, that's something you communicated to Washington  
16      County, correct?

17       MS. TALCOTT:   Object to the form.

18       MS. AZEVEDO:   I'll join.

19      A.     I don't remember.

20      Q.     Well, you remember clearly you've asked if  
21      they've heard anything about additional custodial  
22      staff, correct?

23      A.     Yes.

24      Q.     So you understood somebody had told  
25      Washington County that you needed more custodial staff

Mandy Forsmann

1 so you could perform assessments in the MOU, correct?

2 MS. TALCOTT: Object to the form.

3 MS. AZEVEDO: Object to the form.

4 A. Yes.

5 Q. And what do you remember -- did that ever  
6 change, to your knowledge?

7 A. I don't remember.

8 Q. Do you remember Washington County saying no?

9 MS. AZEVEDO: Object to the form.

10 A. I do not remember that.

11 Q. Do you remember ever there being a change in  
12 terms of custodial staff at the jail --

13 MS. TALCOTT: Object to the form.

14 Q. -- in the MOU?

15 MS. AZEVEDO: I'll join.

16 A. I don't remember.

17 MR. COLETTI: Let's take about a five-minute  
18 break and I'll try to get things organized so we can  
19 get this wrapped up.

20 THE VIDEOGRAPHER: Going off the record at  
21 8:05.

22 (Recess taken.)

23 THE VIDEOGRAPHER: Back on the record at  
24 8:16.

25 Q. Do you remember who Kimberly Barnes was?



Mandy Forsmann

1 A. Yes.

2 Q. Who is Kimberly Barnes?

3 A. She was administrative assistant.

4 Q. She was a Corizon employee?

5 A. Yes.

6 Q. What were her responsibilities, if you  
7 remember?

8 A. She gathered statistics. She helped with  
9 clinic lists and the call out. She helped with  
10 payroll. She took minutes at meetings.

11 Q. All right. We were discussing the under-  
12 staffing, correct?

13 MS. TALCOTT: Object to the form.

14 MS. AZEVEDO: Object to the form.

15 A. Yes.

16 Q. And the concerns that you and others had at  
17 Washington County Jail regarding understaffing,  
18 correct?

19 MS. TALCOTT: Object to the form.

20 MS. AZEVEDO: I Join.

21 A. Yes.

22 Q. And were you concerned that they were  
23 understaffed?

24 MS. TALCOTT: Object to the form.

25 A. Yes.

Mandy Forsmann

1        Q. All right. Did you have any discussions with  
2        anyone at Corizon regarding what the contractual  
3        obligations were for staffing?

4        A. Yes.

5        Q. Who did you have those discussions with?

6        A. Debbie Fye.

7        Q. And what did she tell you about those  
8        contractual obligations?

9        A. I don't really remember.

10       Q. Do you remember generally what you and she  
11       discussed?

12       A. I do not.

13       Q. I will show you an exhibit which we will mark  
14       as 92.

15       MS. TALCOTT: You're going to read the Bates.

16       Q. It's Washington County 002824. This is a  
17       letter dated June 24, 2014, from Debbie Fye to Sheriff  
18       Pat Garrett. It says, "Sheriff Garrett, we have  
19       completed our in-depth analysis of the medical  
20       services at Washington County Jail. We have  
21       identified several areas in which changes are  
22       necessary in order to provide quality care at the  
23       facility. These changes are identified in the  
24       accompanying documents: key deliverables, staffing  
25       grid, justification for staffing changes, work flow,

Mandy Forsmann

1 and charge nurse duties.

2 "To ensure we continue to meet the  
3 contractual obligations, patient care standards, and  
4 NCCHC standards, these changes must be implemented  
5 expeditiously."

6 Do you remember having those discussions with  
7 Miss Fye about the need for changes?

8 MS. TALCOTT: Object to the form.

9 MS. AZEVEDO: I'll join.

10 A. Yes.

11 Q. And did you agree that those changes were  
12 necessary to comply with patient safety and NCCHC  
13 standards?

14 MS. TALCOTT: Object to the form.

15 MS. AZEVEDO: I'll join.

16 A. Yes.

17 Q. Did Miss Fye ever tell you that Corizon was  
18 not in compliance with the NCCHC standards with the  
19 staffing plan that currently existed?

20 MS. TALCOTT: Object to the form.

21 A. I don't remember.

22 Q. Did you ever look to see if in fact you were  
23 in compliance with the NCCHC staffing standards?

24 A. I don't remember.

25 Q. Do you remember discussing with Miss Fye what

Mandy Forsmann

1 A. I don't know.

2 Q. When you left Corizon, was there an exit  
3 interview or anything like that?

4 A. No.

5 Q. Did you at anytime -- well, let me back up.  
6 During the course of your employment with  
7 Corizon, you had a number of concerns regarding  
8 patient safety, correct?

9 MS. TALCOTT: Object to the form.

10 MS. AZEVEDO: I'll join.

11 A. Yes.

12 Q. And that was specifically due to how they  
13 were practicing medicine in the jail, correct?

14 MS. TALCOTT: Object to the form.

15 MS. AZEVEDO: I'll join.

16 A. I don't know.

17 Q. Well, you were concerned that the medical  
18 director was falsifying patient records, correct?

19 MS. TALCOTT: Object to the form.

20 A. Yes.

21 Q. You were concerned that there was under-  
22 staffing, which was dangerous, correct?

23 MS. TALCOTT: Object to the form.

24 A. Yes.

25 Q. You were concerned that there was not an

Mandy Forsmann

1 ability or there was a lack of accessibility to the  
2 Medical Observation Unit, correct?

3 MS. TALCOTT: Object to the form.

4 A. Yes.

5 Q. And the Medical Observation Unit is where you  
6 sent the sickest people, correct?

7 MS. TALCOTT: Object to the form.

8 MS. AZEVEDO: Join.

9 A. Yes.

10 Q. So did it occur to you that -- did it seem to  
11 you that the place where the patients were the  
12 sickest is where the nursing staff should have the  
13 most access?

14 MS. TALCOTT: Object to the form.

15 A. Yes.

16 Q. With the highest qualified nurses, correct?

17 MS. TALCOTT: Object to the form.

18 MS. AZEVEDO: Join.

19 A. I am sorry?

20 Q. With the highest qualified nurses, meaning  
21 the most credentialed.

22 MS. TALCOTT: Same objection.

23 A. Yes.

24 Q. And you recognized that that was unsafe?

25 MS. TALCOTT: Object to the form.

Mandy Forsmann

1 MS. ALZEVEDO: I'll join.

2 A. Yes.

3 Q. And dangerous?

4 MS. TALCOTT: Object to the form.

5 A. Yes.

6 Q. And that's exactly what you communicated to  
7 Corizon during your tenure as the director of nursing  
8 and as an HSA, correct?

9 MS. TALCOTT: Object to the form.

10 MR. HOOD: Object to the form.

11 MS. AZEVEDO: Join.

12 A. I don't remember exactly which role I was in.

13 Q. All right. But while you were there, there  
14 was no change to any of those things other than  
15 Dr. McCarthy eventually getting fired, correct?

16 MS. TALCOTT: Object to the form.

17 MS. AZEVEDO: Object to the form.

18 A. I don't remember.

19 Q. That's all I have. Thanks for your time.

20 A. Thank you.

21

22 EXAMINATION

23 BY MS. AZEVEDO:

24 Q. Before picking staff, did you ever convey any  
25 of your staffing concerns to Washington County?

Mandy Forsmann

1 understaffing, correct?

2 MS. TALCOTT: Object to the form.

3 A. I don't remember.

4 Q. And did you ever communicate with anyone --  
5 well, did you feel that if a medical director was not  
6 doing their job appropriately that the medical  
7 director position was understaffed?

8 MS. TALCOTT: Object to the form.

9 MS. AZEVEDO: Join.

10 A. I don't understand the question.

11 Q. Sure. If the medical director is not doing  
12 their job safely, would you agree that that position  
13 is understaffed?

14 MS. TALCOTT: Object to the form.

15 MS. AZEVEDO: I'll join.

16 A. Yes.

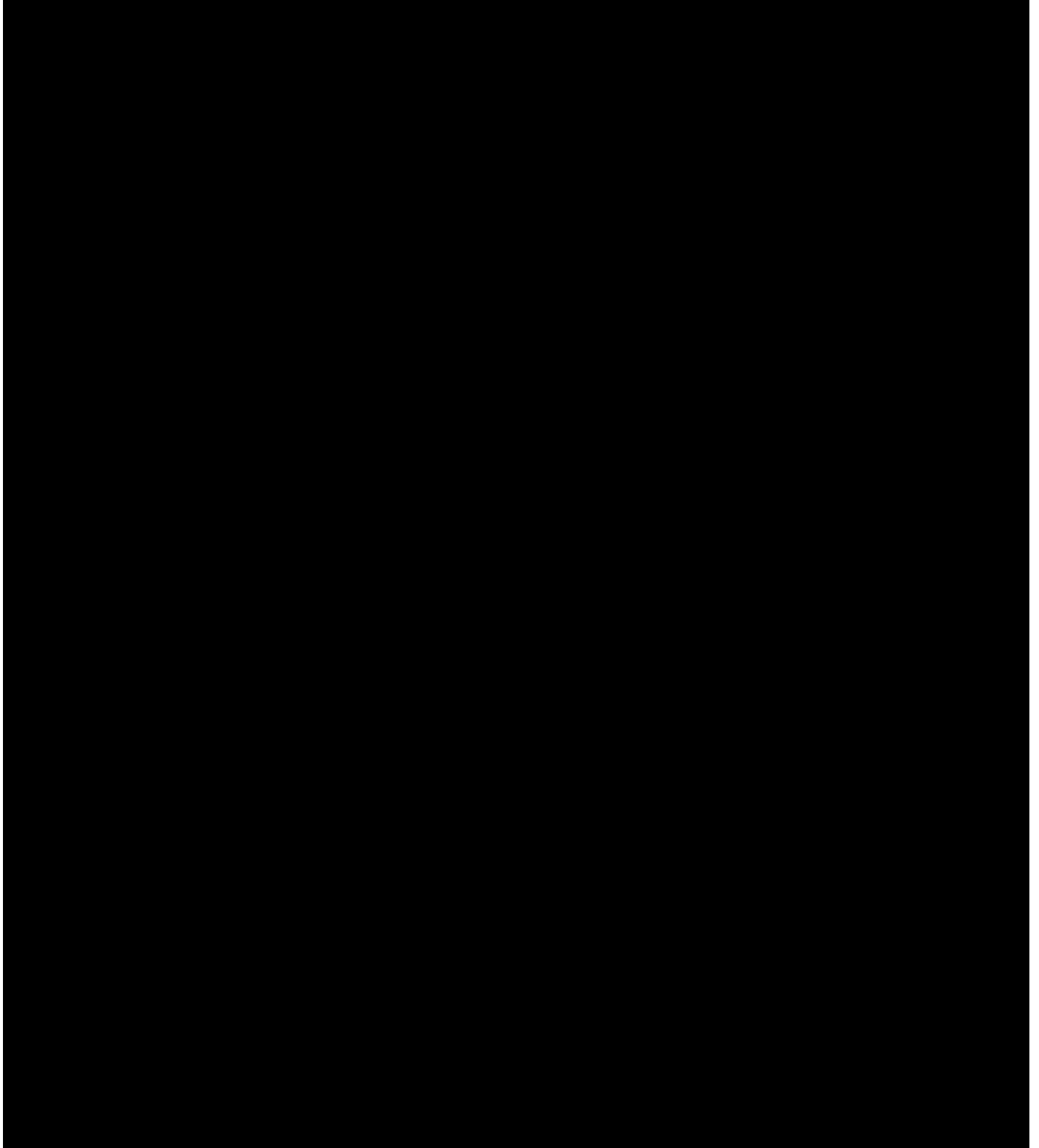
17 Q. And did you -- while the HSA, did any of the  
18 deputies at Washington County Jail ever communicate  
19 any concerns they had to you about Madaline Pitkin?

20 A. No.

21 Q. Did you ever learn of anyone at Corizon who  
22 had received either verbal or written complaints or  
23 concerns from any deputies at Washington County about  
24 Madaline Pitkin?

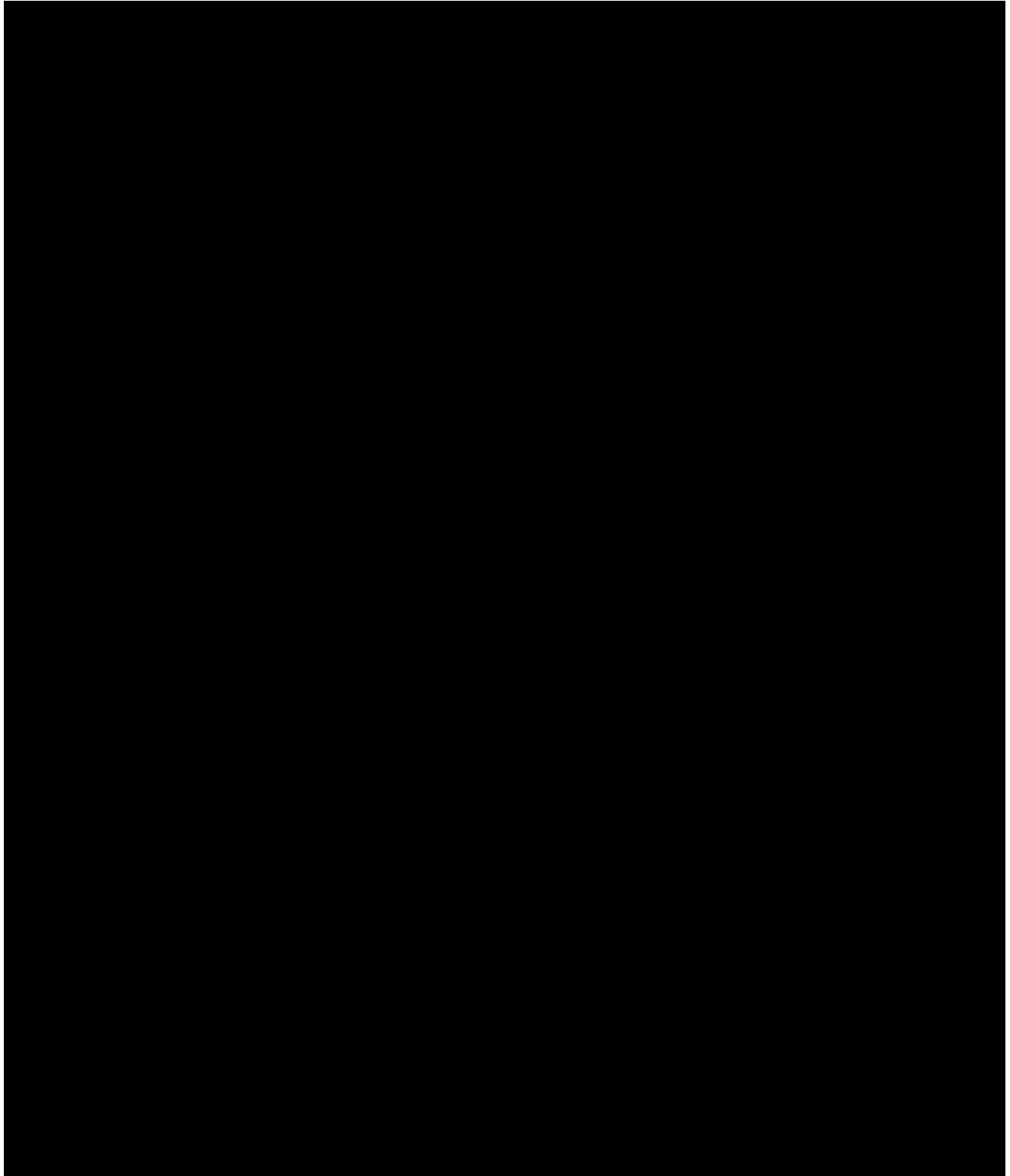
25 MS. AZEVEDO: Object to the form.

This document (Buchanan Narrative for BON) is filed under seal as an attachment to the Supplemental Declaration of John Coletti.





This document (Johnson Narrative for BON) is filed under seal as an attachment to the Supplemental Declaration of John Coletti.



06/30/2033 07:04 3036712448

IVOR GARLICK MD\_PC

#2190 P.008/018



# Nursing Encounter Tool Withdrawal

Facility Name		Location Seen		Date seen / /		Time Seen <input type="radio"/> AM <input type="radio"/> PM	
Patient's Name		Last		First		MI	
ID Number		Birth date / /					
Medication Allergies <input type="radio"/> N <input type="radio"/> Y If Yes List:							
Chronic Care Clinic(s) <input type="radio"/> N <input type="radio"/> Y				Last seen in Sick Call: / /			
<input type="checkbox"/> Seizures		<input type="checkbox"/> Asthma		<input type="checkbox"/> CAD		<input type="checkbox"/> Dyslipidemia	
<input type="checkbox"/> DM		<input type="checkbox"/> COPD		<input type="checkbox"/> HTN		<input type="checkbox"/> Other	

Drug/Alcohol	Amount	Frequency of use	Duration of use	Last use

<b>Past withdrawal history</b> <input type="radio"/> N <input type="radio"/> Y (Check all that apply)		<b>Present withdrawal symptoms</b> <input type="radio"/> N <input type="radio"/> Y (Check all that apply)	
<input type="checkbox"/> DTs (delirium tremens) <input type="checkbox"/> # of past withdrawal episodes: _____ <input type="checkbox"/> Alcohol amnesia (Blackouts) Hallucinations: <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Tactile <input type="checkbox"/> Tremors <input type="checkbox"/> Nausea/vomiting/diarrhea <input type="checkbox"/> Withdrawal seizures		<input type="checkbox"/> Tremors <input type="checkbox"/> Sweats Hallucinations: <input type="checkbox"/> Visual <input type="checkbox"/> Auditory <input type="checkbox"/> Tactile <input type="checkbox"/> Anxiety/agitation <input type="checkbox"/> Nausea/vomiting <input type="checkbox"/> Seizures <input type="checkbox"/> Diarrhea <input type="checkbox"/> Headache <input type="checkbox"/> Gooseflesh <input type="checkbox"/> Bone aches <input type="checkbox"/> Yawning <input type="checkbox"/> Runny nose	
c/o Pain and/or injury <input type="radio"/> N <input type="radio"/> Y: Describe _____			
Past medical history: <input type="checkbox"/> Diabetes <input type="checkbox"/> Seizure disorder <input type="checkbox"/> CVD <input type="checkbox"/> HTN <input type="checkbox"/> CVA <input type="checkbox"/> Head injury			
History of mental health treatment <input type="radio"/> N <input type="radio"/> Y			
History of suicide attempt in last 6 months <input type="radio"/> N <input type="radio"/> Y: (See Emergent/Urgent Interventions, page 2)			
<input type="checkbox"/> Other _____			
New medications or change in last 30 days <input type="radio"/> N <input type="radio"/> Y: List _____			

Response: **AVPU** (choose one) ☐ Awake ☐ Responds to Voice ☐ Responds to Pain ☐ Unresponsive

**General appearance:** Acute distress ☐ N ☐ Y: Describe: \_\_\_\_\_

Orientation to: Person ☐ Y ☐ N Place ☐ Y ☐ N Time ☐ Y ☐ N

Combative ☐ N ☐ Y Yawning ☐ N ☐ Y

**Vital Signs:** T \_\_\_\_\_ P \_\_\_\_\_ RR \_\_\_\_\_ BP \_\_\_\_\_ / \_\_\_\_\_ Wt. \_\_\_\_\_ ☐ Actual ☐ Reported Pulse Ox \_\_\_\_\_ %

Visible tremor ☐ N ☐ Y Skin: Cool ☐ N ☐ Y Clammy ☐ N ☐ Y Sweaty ☐ N ☐ Y Pale ☐ N ☐ Y

Eyes: Conjunctiva pale ☐ N ☐ Y Sclera icteric ☐ N ☐ Y Oral mucosa: ☐ Moist ☐ Dry

Visible injury ☐ N ☐ Y: Describe \_\_\_\_\_

☐ **CIWA-Ar** score: \_\_\_\_\_ ☐ **BWS-C** score: \_\_\_\_\_ ☐ **COWS** score: \_\_\_\_\_

(ETOH, barbiturate or multi substance) (Benzodiazepine) (Opioid)

uHCG ☐ (+) ☐ (-) ☐ N/A

Dipstick U/A ☐ Normal ☐ Abnormal (see labs) ☐ Not done: Explain: \_\_\_\_\_

☐ Additional examination: \_\_\_\_\_

Nurse's Signature	Print/Stamp Name	Title
-------------------	------------------	-------



06/30/2033 07:04 3036712446

IVOR GARLICK MD\_PC

#2190 P.009/018



# Nursing Encounter Tool Withdrawal

Patient's Name	Last	First	MI	ID Number
----------------	------	-------	----	-----------

**Emergent intervention not required:**

**Notify practitioner after EMS activation for:**

Ineffective intervention with continuing or sudden acute deterioration of patient condition with:

☐ CIWA-Ar score 20-67    ☐ BWS-C score 41-80    ☐ COWS score 25-48

☐ Other: \_\_\_\_\_

Practitioner notified: \_\_\_\_\_

☐ Suicide watch initiated and Mental Health practitioner notified

☐ Mental Health practitioner notified Name: \_\_\_\_\_

**Emergent intervention required due to:**

EMS process activated Time: \_\_\_\_\_ ☐ AM ☐ PM

EMS arrival Time: \_\_\_\_\_ ☐ AM ☐ PM

EMS Transport Time: \_\_\_\_\_ ☐ AM ☐ PM

Consider: ☐ O<sub>2</sub>    ☐ AED    ☐ CPR

☐ Other: \_\_\_\_\_ Time: \_\_\_\_\_ ☐ AM ☐ PM

☐ Mental health referral completed Time: \_\_\_\_\_ ☐ AM ☐ PM

**Urgent intervention not required:**

Practitioner contact required for: (check all that apply)

☐ Vital signs:

☐ CIWA-Ar score >7    ☐ Altered mental status

☐ BWS-C score 21-40    ☐ Unable to take PO

☐ COWS score 11-24    ☐ Abnormal dipstick U/A

☐ Benzo use > 4 weeks    ☐ Hyperglycemia

☐ Xanax (alprazolam) use    ☐ Vomiting/diarrhea x12 hrs

☐ + uHCG    ☐ Diabetes

☐ CVD    ☐ Gross tremor or twitching

☐ History of withdrawal    ☐ Recurrent complaint

☐ Notify practitioner of rising score

☐ Other: \_\_\_\_\_

☐ Seen by practitioner    ☐ Contacted practitioner

Name: \_\_\_\_\_

Time: \_\_\_\_\_ ☐ AM ☐ PM

☐ History of suicide attempt in last 6 months (suicide watch initiated)

**Urgent intervention required due to:**

☐ See physicians orders for medical withdrawal of:  
☐ Alcohol    ☐ Opioids    ☐ Barbiturates    ☐ Benzodiazepines

☐ See physicians orders (other)

☐ Same day practitioner visit/consult

**Mental health referral completed for:**

☐ CIWA-Ar score 10-67

☐ BWS-C score 21-80

☐ COWS score 11-48

☐ History of mental health treatment

☐ Treat per routine intervention

Transport via: \_\_\_\_\_ to: \_\_\_\_\_

Time: \_\_\_\_\_ ☐ AM ☐ PM

☐ Mental health referral completed

**Routine intervention**

**Disposition:**

In the absence of acute findings (any listed in the sections above), initiate routine interventions for patients who report a history of substance use.

**Notify practitioner of new or worsening signs / symptoms.**

☐ Medication review

**Mental health referral completed for:**

☐ History of mental health treatment

**Interventions: (the following actions are required)**

- Aggressive PO hydration
- Initiate withdrawal observation: Complete  
☐ CIWA-Ar scale    ☐ BWS-C scale    ☐ COWS scale  
q-shift x 3 days
- Initiate withdrawal flowsheet

OTC medication given per guidelines ☐ N ☐ Y

☐ Medication: \_\_\_\_\_ ☐ KOP

☐ Other: \_\_\_\_\_

**Contact a practitioner or nursing supervisor if you have any concerns about the status of the patient.**

Patient Education	Follow Up / Follow through
<input type="checkbox"/> Patient educated to contact medical if symptoms develop or worsen <input type="checkbox"/> Written information provided <input type="checkbox"/> The patient demonstrates an understanding of self-care, symptoms to report and when to return for follow-up care.	<p>Nurse follow up scheduled <input type="radio"/> N <input type="radio"/> Y</p> <p>Custody notified of special needs <input type="radio"/> N <input type="radio"/> Y</p> <p><input type="checkbox"/> Lower bunk, lower tier</p> <p><input type="checkbox"/> Other: _____</p>

Nurse's Signature	Print/Stamp Name	Title
-------------------	------------------	-------

NA6281

Issued 1/15/2013

 ©2013 Corizon Health, Inc.  
Page 2 of 2

CORIZON007207

Quality Patient Care

April 24, 2014



**CORIZON™**

CORIZON007232



## Responsibility

---

- Every employee must know policies and protocols
- Every nurse must exercise nursing judgment
  - Every situation without fail



2

CORIZON007233

## Topics to be covered

---

- Withdrawal protocols
- Available tools
- Dehydration
- Nursing judgment
- Kites/Medical requests
- Sick call protocols – NET / PIFS
- Care of patient in medical unit/infirmery
- When/How to escalate
- Complacency



3

CORIZON007234

## Topics to be covered

---

- Basic Nursing skills/decision making
- Priming
- Sentinel event
  - Your responsibilities
  - What to do
  - What not to do
  - Case study presentation
- Media policy
- Questions/Answers





## Withdrawal

---

- We assess for and treat every day
- Must know all policies/procedures/protocols/forms
- Extremely important
- COWS/CIWA are completed **EVERY** shift during acute phase
- Patients can die from severe alcohol withdrawal and dehydration occurring in any withdrawal if not treated



5

CORIZON007236



## Available tools

---

- Available tools
  - Policy – J-G-06.00
  - COWS/CIWA/BWSC score form
  - COWS/CIWA practitioner order form
  - NET – Withdrawal
  - PIF Substance Abuse Withdrawal
  - Decision Support – quick reference guide
  - Detoxification Program
  - Clinical Pathway – substance abuse
  - Correctional Officer Briefing – Substance abuse withdrawal



6

CORIZON007237

## Kites/Medical requests

---

- RN should triage request
- Every pt MUST be seen no exceptions
- Immediate, 24-48 hours MAX
- NET usage for visit
- Assess thoroughly
- Repeated request – why – look at more closely
- PIFS as indicated and document education provided



## Care of pt in medical unit

---

- Nurses can move pt into medical
- Must be seen EVERY shift
- Focused assessment and documented
- Review of COWS/CIWA scores and assessment
- Shift report – every pt
- Complete NETs as indicated by assessment
- Take VS and document
- Only provider can order out of medical
- Complete assessment before transfer - handout



10

CORIZON007241



## When/How to escalate

---

- Review all documentation
- Speak to staff – obtain their observations, assessment and recommendations
- You must communicate concerns to provider
- Offer suggestions
- Can you help me understand - \_\_\_\_\_
- I am not comfortable with this decision and will be calling SMD, RMD, VP, ect
- Make the call – escalate up the chain
- You should NEVER feel bad about going to next level
- Documentation



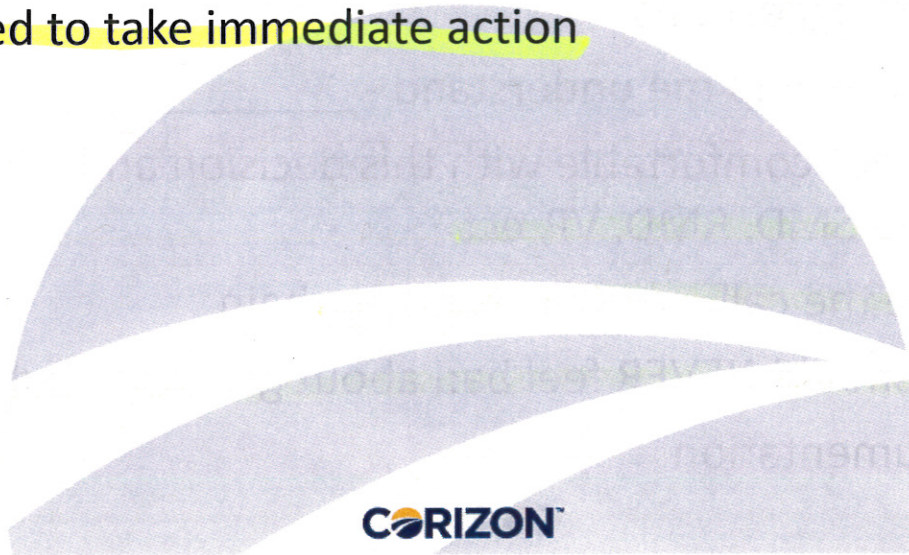
11

CORIZON007242

## Complacency

---

- Withdrawal cannot become routine
- Be alert for priming – huddle if needed
- Most withdrawals are without complications
- Must always be alert for those with complications
- Need to take immediate action



12

CORIZON007243

## Basic Nursing skills/decision making

---

- Must always follow the nursing process
- Critical VS, symptoms, labs must be addressed
- Most critical pts needs to be seen by HSA/DON
- Ordering nursing measures as indicated is key
- NETS/PIFS – guides
- Listen to gut feelings – escalate as needed
- Documentation



13

CORIZON007244



## Sentinel event

---

- Your responsibilities
  - Notify HSA/DON
  - Sequester chart
  - Initiate paperwork
  - Copy chart – RMD, sentinel event committee, Legal
  - HSA/DON - Notify VP, Britt Herron – legal, RMD
  - Do NOT talk about incident among yourselves
  - Begin thorough investigation
  - Root cause analysis
  - CAP
  - Case study presentation



14

CORIZON007245

## Media Policy

---

- Media policy should posted
- All staff must know
- Do Not Speak to any press



15

CORIZON007246



## HSA/DON

---

- Education of staff
- Audits
- Protocols written
- Policy/Procedure Book current



16

CORIZON007247

## Responsibility

---

- Every employee must know policies and protocols
- Every nurse must exercise nursing judgment
  - Every situation without fail



17

CORIZON007248


- 
- Questions/Comments



18

CORIZON007249



<p style="text-align: center;"><b>General Health Services</b></p> <p style="text-align: center;"><b>Policy &amp; Procedure</b></p>		
<p><b>Site Name:</b> Dona Ana County Detention Center</p>		<p><b>Date of Issue:</b> 10/29/2012</p>
<p><b>Title:</b> Intoxication and Withdrawal</p>		<p><b>Revision Dates:</b> 3/1/13</p>
		<p><b>No:</b> J-G-06.00</p>

**POLICY:**

Specific protocols exist for patients under the influence of alcohol or other drugs or those undergoing withdrawal. The Corizon protocols are located in the Substance Abuse Withdrawal Program.

**PROCEDURE STATEMENTS:****NCCHC/ACA**

1. Inmates are evaluated for the use of and/or dependence on alcohol or other drugs during the receiving screening process.
2. Established guidelines are followed for the treatment and observation of individuals manifesting symptoms of intoxication or withdrawal.
3. These guidelines are approved by the Medical Director, are current, and are consistent with nationally accepted guidelines.
4. Detoxification is done under physician supervision in accordance with local, state, and federal laws.
5. Inmates experiencing severe, life-threatening intoxication (overdose) or withdrawal are transferred, under appropriate security conditions, to a licensed, acute care facility.
6. Individuals at risk for progression to more severe levels of intoxication or withdrawal are kept under constant observation by qualified health care professionals or health trained correctional staff and whenever severe withdrawal symptoms are observed, a physician is consulted promptly.
7. Patients with alcohol or other drug problems are assessed and properly managed by a physician or, where permitted by law, other qualified health care professionals.
8. When a pregnant female is admitted to the facility with a history of opiate use, the Medical Director is contacted so that the opiate dependence can be assessed and treated appropriately.

**REFERENCES**

NCCHC: Standards for Health Services in Jails, 2008, J-G-06  
 NCCHC: Standards for Mental Health Services in Correctional Facilities 2008, MH-G-05  
 ACA: Standards for Adult Local Detention Facilities, 4th Edition, 4-ADLF-4C-36  
 ACA: 2012 Standards Supplement – no revisions

May 8, 2014

ATTN: Nursing Staff

RE: Changes made to Procedures involving Medical Observation Unit and Medical request Forms/Clinic

Please NOTE: The following alterations to our Policies and Procedures over-ride our current Policy and Procedure manual.

### MOU Changes

- ✓ RN's responsible for MOU – This is not yet officially in that we need assistance from corrections and they need some time to make the necessary staff adjustments. We will keep you updated on when we will be starting Q Shift Vital Signs and Focused Assessments. Until then, we will do our best to retain RN's in the Medical Observation Unit; however, due to our own staffing, LPN's may be asked to fill-in. NOTE: LPN's and RN's are both qualified for performing ANY detox assessment including Detox Flow Sheet and Vital Signs and administering associated medications.

### Medical Records Form (MRF) Changes

- ✓ RN's responsible for triaging MRF's Q Shift
- ✓ Triage EACH MRF with the Date stamp, document the time of triage and include the initials of who triaged the form.
- ✓ Triage via #1 - #2 - #3
  - Triage #1 –TO BE SEEN IMMEDIATELY- Airway, Breathing, Circulation, Chest Pain, Detox reports (despite if already on protocol), symptoms reported such as nausea, vomiting, diarrhea.
  - Triage #2 – General discomforts, medication time changes, etc.
  - Triage #3 – Requests for 2<sup>nd</sup> Mattresses/TB Results, general questions for medical, etc.

### MRF Clinic

- ✓ Every person reporting to clinic related to a MRF must have a NET completed
- ✓ Fill-in ALL blanks on NET Form or place an "N/A" if question is "Not Applicable"
- ✓ Patients MUST be seen within 72 hours of triage. Utilize time management and effective communication to ensure this happens. Notify Mandy or Leslie if MRF's are beyond the 72-hour window.

### DETOX Clarifications:

- ✓ If and when starting Taper Orders related to BENZO Detox; it is NOT necessary to continue with Flow Sheet and Vital Signs Q Shift. Start Taper Medications. Okay to remain in General Population.
- ✓ Any patient reporting a potential for Opiate Detox will start COWS checks immediately and will continue Q SHIFT for 3 DAYS. Not long enough. Review the SAW information. Someone on methadone wouldn't even start withdrawing. Needs to be based on symptoms, drug used (half life)
- ✓ Opiate Detox with minimum symptoms; ex: only diarrhea – move to pods, continue COWS checks Q Shift....until medication treatment is complete – Medications to be distributed via AM-PM-HS Medication Pass.
- ✓ Full Detox – scoring 11 I would recommend 8 and above need to be moved to MOU and started on Protocol.
- ✓ If patient refuses meds/detox checks; have them sign a *Release of Clinical Services Form* and get order from Provider to D/C detox protocol checks and medications. Move them out of the MOU. I think we need to continue to ask the pt to check them, need a refusal form with risks and benefits completed for each refusal. Needs to stay in MOU until through withdrawal,

CORIZON007446

## CERTIFICATE

## REPORTER'S CERTIFICATE

I, Kim Otis, a Certified Court Reporter in and for the State of Washington, residing at Olympia, authorized to administer oaths and affirmations pursuant to RCW 5.28.010, do hereby certify;

That the foregoing Deposition Upon Oral Examination of MANDY FORSMANN was reported by me and thereafter reduced to a typed format under my direction; that said transcript is a full, true and correct transcript of my shorthand notes of proceedings heard on the 23rd day of January, 2018, at Lacey, Washington;

That the above-named witness before examination was by me duly sworn or affirmed to tell the truth, the whole truth and nothing but the truth; that I am not a relative or employee of counsel or either of the parties therein or otherwise interested in said proceedings.

WITNESS MY HAND on this 28th day of January, 2018.



Kim Otis, CCR No. 2342